

Additional Evidence Request (BOR)

Claimant SSN:

Dated:

BOR Docket No.: (IF ISSUED)

In accordance with the provisions of 56 Ill. Adm. Code 2720.315(b) (1) and 2720.315(b) (2),

(Check One) (Claimant Employer), the (Check One) (Appellant Appellee) in the above referenced BOR Docket Number, hereby requests permission to submit additional evidence. A summary of the evidence to be introduced and reason I was unable to introduce the evidence at the hearing and/or attend the hearing before the Hearing Referee is as follows:

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

I certify that I served a copy of this Additional Evidence request upon
by placing it in a postage paid envelope addressed to
and depositing it in the U.S. mail at

on at .

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

Board of Review
33 South State Street
9th Floor
Chicago, Illinois 60603-2802
www.ides.illinois.gov
Chicago: 1-800-821-3550
Fax: 1-312-793-2373